

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: PREMIER EXTERMINATORS, INC.  
BUSINESS STREET ADDRESS: 15290 SW 26TH STREET ZIP 33326  
BUSINESS MAILING ADDRESS: SAME AS ABOVE ZIP 33326  
BUSINESS PHONE: 954-207-0662  
DESCRIBE TYPE OF BUSINESS: PEST CONTROL. (OFFICE ONLY)  
BUSINESS IS: Corporation ☒ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>JOSÉ A. CAVALIÉ</u>	<u>15290 SW 26TH STREET DAVIE, FL</u>	<u>33326</u>	<u>954-236-5448</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2001, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

JOSÉ A. CAVALIÉ \_\_\_\_\_  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>2/22/01</u>		Category <u>07900</u>	Fee <u>82.68</u>	Rec# <u>306619</u>	New <input checked="" type="checkbox"/> Trans. _____
License # <u>01-14859</u>	Control # <u>12493</u>	Zoning <u>A-1</u>			
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning Approval _____ Date _____			
Town Council Date _____		Approved _____		Denied _____	
Tabled To _____		Approved _____		Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____					

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION